MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
Joint Meeting with the
IOWA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
October 17, 2013, 9:30 am to 3:00 pm
ChildServe Training Center
5406 Merle Hay Road, Johnston, IA
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick
Richard Crouch
Jill Davisson
Lynn Grobe
Representative Dave Heaton
Chris Hoffman (by phone)
David Hudson
Betty King
Gary Lippe
Zvia McCormick
Rebecca Peterson
Deb Schildroth
Patrick Schmitz
Susan Koch-Seehase
Marilyn Seemann
Suzanne Watson
Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Senator Joni Ernst
Senator Jack Hatch
Representative Lisa Heddens
Sharon Lambert
Brett McLain

MHPC MEMBERS PRESENT:

Teresa Bomhoff
Ken Briggs, Jr.
Jim Chesnik (by phone)
Jackie Dieckmann
Jim Donoghue
John Eveleth
Diane Johnson
Julie Kalambokidis
Gary Keller
Amber Lewis
Sally Nadolsky
Todd Noack
Lori Reynolds (by phone)
Donna Richard-Langer
Brad Richardson (by phone)
James Rixner
Joe Sample
Dennis Sharp
Kimberly Uhl
Kimberly Wilson
Ann Wood

MHPC MEMBERS ABSENT:

Ron Clayman
Virgil Gooding
Kris Graves
Doug Keast
Sharon Lambert
Todd Lange
Lee Ann Russo
Rhonda Shouse
Kathy Stone

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Ben Cleveland	U of Iowa Center for Disabilities and Development
Bob Bacon	U of Iowa Center for Disabilities and Development
Julie Bak	Mahaska County CPC
Tammy Eveleth	Parent
Marissa Eyanson	Easter Seals Iowa
Connie Fanselow	MHDS, Community Services & Planning
Jim Friberg	Department of Inspections and Appeals
Melissa Havig	Magellan Health Services
Brandi Jensen	Brain Injury Alliance of Iowa
Julie Jetter	MHDS, Community Services & Planning
Laura Larkin	MHDS, Community Services & Planning
Geoff Lauer	Brain Injury Alliance of Iowa
Steve Mueller	The Homestead
Lori Nosekabel (by phone)	Adams, Adair, Taylor, & Union Count CPC
Rick Shults	DHS, Administrator MHDS Division

WELCOME AND CALL TO ORDER

Jack Willey called the Commission business meeting to order at 9:30 a.m., welcomed attendees, and led introductions. No conflicts of interest were identified for today's meeting. Quorum was established with 14 members present and 1 member participating by phone.

APPROVAL OF MINUTES

Lynn Grobe made a motion to approve the minutes of the September 19 meeting as presented. Patrick Schmitz seconded the motion. The motion passed unanimously.

REGIONAL SERVICE SYSTEM ADMINISTRATIVE RULES

Julie Jetter handed out the rules comment package to Commission members, including the original written comments received by the Department and a summary of the comments. The rules package also contains a summary of those comments that resulted in changes. Theresa Armstrong indicated that the Department is asking the Commission to approve the rules as presented today. If approved, the rules will be sent to the Legislative Services Agency (LSA) for final review and publication in the Iowa Administrative Bulletin on November 13. They will then go to the Administrative Rules Review Committee; if approved there, they will go into effect on January 1.

Julie led the Commission in a review of the comment summary on pages 13 to 16 of the rules document. There were four individual or group commenters who submitted 39 technical comments. Seven of the comments resulted in change to the proposed

amendments to Iowa Administrative Code Chapter 25, "Disability Services Management." The changes were as follows:

1. In response to a comment that the term "chronic mental illness" is no longer used, it was removed and replaced with "mental illness."
2. In response to a comment that more clarity was needed, Section 441-25.15(3)(d) on eligibility was changed to read: "The individual has a diagnosis of intellectual disability as defined by Iowa Code Chapter 4.1(9A)." (That Code section references the current version of the DSM (Diagnostic and Statistical Manual of Mental Disorders.))
3. In response to the comment that the rules did not clearly reflect Iowa's commitment to system principles consistent with the Olmstead Decision, Section 44`-25.21(1)(m) was changed to read: "The policies and procedures manual shall describe how the region will collaborate with other funders, other regional service systems, service providers, case management, individuals and their families or authorized representatives, and advocates to ensure the authorized services and supports are responsive to individuals' needs, consistent with system principles, and cost-efficient." ("System principles" is included in the definitions to mean "practices that include individual choice, community, and empowerment.")
4. In response to a comment that an access point should not be an individual, the definition of "access point" in section 441-25.11 was changed to: "means a provider, public, or private institution, advocacy organization, legal representative, or educational institution with staff trained to complete applications and guide individuals with a disability to needed services."
5. In response to a comment that the definition of "community" did not reflect the usual meaning of community in disability services, the definition was changed to read: "means an integrated setting of an individual's choice."
6. In response to a comment that the definition of "provider" seemed to constrain regions from using providers that are not Medicaid-approved, the definition of "provider" was changed to read: "means an individual, firm, corporation, association, or institution which is providing or has been approved to provide medical assistance, is accredited under Chapter 24, holds a professional license to provide the services, is accredited by a national insurance panel, or holds other national accreditation or certification."
7. In response to a comment that the word "desires" in section 441-25.21(1)(m) might be cost prohibitive, the word was "desires" was replaced with "consistent with system principles" (which are defined as "choice, community, and empowerment").

Julie noted that a significant number of the suggested changes could not be made by DHS because they reflected requirements specified in Iowa Code, or they were beyond the Department's rulemaking authority. The full text of the comments and responses are available on request from the DHS Rules Administrator.

Questions/Discussion:

Julie Bak asked: If one county served a non-mandated population previously and wanted to continue, would the whole region have to serve that population? Julie Jetter responded that Senate File 452 refers to that as an eligibility class. The entire regional system would be open to that eligibility class as long as funding is available and core services do not have to be limited.

Geoff Lauer commented that he had Olmstead concerns related to civil rights. He said that it falls to the General Assembly to provide funding for services, yet the provisions for serving the additional populations say "if" funds are available without limiting core services. He said there is an argument that on that basis, such services might never be available. He said it will take a commitment by the General Assembly to funding that will allow the system to grow beyond the initial core services stage, and that he believes there is a potential for falling short of the expectations of the Olmstead Decision if the legislature does not provide enough ongoing funding to include all disability populations in the public services system.

Jack Willey commented that the Commission's intent is to work with DHS and do everything it can to support and meet the Olmstead principles. He said that if all regions cannot provide core services and the additional "core plus" services envisioned as a part of redesign, Iowa will be back to where we were with different levels of access in different parts of the state.

Representative Dave Heaton commented that all states have had to deal with Olmstead issues. Some states have found a way to move forward effectively on their own, and in some it has taken a lawsuit to force the implementation of needed changes. He noted that the expansion of Medicaid is an important factor. He said that in order to get it passed, there was an agreement that 80% of the savings would go back to the State. This is an area where advocates can work to convince those who thought counties should not be left with that savings, that the money is really needed. For those who believe that if it wasn't for the 80% claw back, this is an opportunity to convince legislators that the money is needed to give regions the resources to address the core plus services and the additional service populations you have expressed concern about and dispel suspicions that counties would just sit on the money.

Jim Rixner asked what regions will be doing with the 20% savings they will have to work with. He said he would like to see a showing of good faith in using that for non-core services. Gary Lippe noted that the Code and rules require that regions provide core services first, and then if they have the resources, they can provide additional services. Rick Shults also noted that the Department cannot write administrative rules that go beyond the scope of the legislative authority that they have been granted. Expanding services is dependent on action by the General Assembly.

Geoff Lauer commented that he reads the rule as not allowing services beyond core services because if even a dollar is taken out of core services funding, they are being "limited."

Patrick Schmitz noted that the language is permissive and the Commission and Department do not have the authority to change it; that would require legislation.
Anyone who would like to see stronger language or the 80% payback of savings can talk to their legislators.

Bob Bacon commented that in framing the discussion on legislative priorities this afternoon, he would recommend being concrete about what services may be missing in terms of "core plus." He said that what has been happening with Money Follows the Person is an example: 11 % have moved back to State Resource Centers because of issues with community capacity. Even that is an abstraction, but concrete examples such as the need for robust crisis services could be cited. Until each region has a robust crisis system, some MFP clients will be returning to facilities.

Motion: Gary Lippe made a motion to adopt the administrative rules for the MHDS Regional Services System as presented today in the final rules package, pending approval by the Administrative Rules Review Committee. Patrick Schmitz seconded the motion. The motion passed unanimously. Chris Hoffman was present by phone for the vote. Theresa Armstrong thanked the Commission, and particularly the members of the committee who worked hard on the development of the rules.

AUTISM SUPPORT PROGRAM RULES

Theresa Armstrong said this is the first time these Autism Support Program rules are being made public, and the Department is asking the Commission to approve them for public notice today. These rules can still be changed after the notice. If approved today, they should be published in the Iowa Administrative Bulletin on November 13 and that will start the public comment process. The final rules package, with comments, will probably be ready to come back to the Commission in January.

Representative Heaton noted that there are concerns about timeline and getting rules in place as soon as possible because there is $2 million that has been appropriated to fund services that needs to be used in the first 6 months of 2014.

Laura Larkin shared the background of the rules. Senate File 446 created a new Autism Support Program, which adds a new section to Iowa Code Chapter 225D.
The Autism Support Program provides funding for ABA (Applied Behavior Analysis) services to children under the age of nine who are not eligible for services through Medicaid or private health insurers. Many private insurance carriers do not fund ABA services; the State Employees Health Insurance Program (under Iowa Code Sec. 514C.28 does.

The rules follow specific guidelines in the law in identifying financial and diagnostic eligibility standards, application and authorization processes, provider network qualifications, and the appeal process. The legislation limits services to ABA and care coordination. It also called for an expert panel of stakeholders to be convened to assist the Department in developing the proposed rules. The panel included parents of children with autism, providers of services, and other stakeholders. The expert panel met on July 31 and had a follow-up meeting by telephone to review the meeting minutes and clarify their recommendations. The meeting minutes are available to the public.

Laura outlined the areas of discussion and concerns raised by the expert panel:

The legislation appeared to limit the provision of ABA to Board Certified individuals only, which is not the conventional practice. There was concern that such a limitation would drastically restrict the availability of services to children statewide. For example, Medicaid provides ABA services through the BHIS (Behavioral Health Intervention Services) program and they use non-certified providers who are supervised by Board Certified ABA specialists.

Many of the definitions of services were taken directly from the Code; others were created in rule. Many eligibility and application requirements also come directly from the Code provisions:

- Family income must be 400% or less of FPL (Federal Poverty Level)
- There is a cost sharing structure for families with incomes from 200% to 400% of FPL
- Provider authorization processes
- Provider network qualifications
- Financial management
- Appeal process

The provider network qualifications were another area of concern. It includes a wide variety of health professionals who are licensed under Iowa Code Chp. 147, some of which are not at all related to mental health or behavioral services. The rules attempted to clarify and refine that broad definition by providing that a Chp. 147 licensed health professional that does not hold current board certification as a behavior analyst must provide evidence of training in applied behavioral analysis and be licensed as a mental health professional defined by Iowa Code Sec. 228.1(6). Autism service providers will also be deemed eligible if the provider meets either the board certification standard or the licensed health professional standard and is approved to provide ABA services through Medicaid.

The rules also contain language indicating that the treatment plan will identify which services will be provided directly by the autism service provider and which services shall be provided by staff under the supervision of the autism service provider. These provisions would allow services under this program to be available and delivered much as they are now.

The panel also discussed how waiting lists would be managed. Waiting lists could be necessary because there are eligible recipients but no providers available, or because all of the funds become encumbered. Efforts will have to be made to balance the limited number of providers with the demand for services and the funding available.

David Hudson asked for further explanation of the provision on page 5 that talks about individuals who are determined to be ineligible under the medical assistance program (Medicaid). Laura clarified that Medicaid eligible children from ages 3 to 9 can get ABA services (although not before the age of 3), ABA is also covered by the State Employees' Health Insurance Plan, but most private insurance plans do not cover it. Part of the eligibility process is to determine if there are other funding sources – either Medicaid or private insurance – available.

Representative Heaton commented that this was created as a separate autism support service program because the legislature had not been able to pass a measure mandating private insurance coverage for ABA.

Laura also explained that the age limitation for services is based on research findings that show ABA is less effective after the age of nine, and services are limited to 2 years because research has shown that the greatest benefit is achieved within that length of time. The provision of ABA services is a short-term expense with long-term cost savings because of the increased functional abilities that children can gain. Services under this program can start as early as the need is identified.

Jim Donoghue asked if the provider network would be the same as the Magellan provider network. Laura responded that it would not necessarily be just providers who have been delivering ABA services through Magellan, but that would be one way for a provider to qualify. She noted that the standards on pages 10 and 11 of the rules allow for a provider to meet either the #1 or the #2 criteria, and #3, which refers to Medicaid approved providers, is a separate statement. If necessary, that language can be clarified.

Deb Schildroth asked if a family qualifies for the marketplace exchange, if the child will be eligible for Medicaid. Laura responded that would depend on the family income and what eligibility requirements they meet.

Amber Lewis asked what will happen if funding runs out. Laura responded that the Department does not expect a lack of funding for first six-month period. It is not yet known what the demand will be and after the current funding is used, it will also depend on how the program is extended and funded by the legislature. Children would be admitted to the program by application date. Prioritization may need to be considered if demand exceeds funding.

An administrator for the program has to be identified. An RFP (Request for Proposals) has already been developed and is expected to be released in the next few weeks. The

rules and the RFP process are happening simultaneously so the program can be up and running soon after the first of the year.

Jim Donoghue commented that he is glad to see that the 24 months of services do not have to be consecutive, so that service can continue after an interruption. Laura clarified that under definitions, "autism" means autism spectrum disorders as defined in Iowa Code Sec. 514C.28, and that Code section refers to the most recent published DSM (Diagnostic and Statistical Manual of Mental Disorders).

Gary Lippe said that as a member of the expert panel he would like everyone to know that the group really reviewed the legislation closely and tried to balance how to make adequate service providers available and still stay true to the model that has been shown to be effective. He said he thinks DHS did a great job of writing rules that follow that discussion. He said the meeting of the expert panel was both intense and valuable as a foundation for these rules.

Motion: Gary Lippe made a motion that the Commission adopts the administrative rules for the Autism Support Program by filing the Notice of Intended Action, pending the approval of the Administrative Rules Review Committee. Patrick Schmitz seconded the motion. The motion passed unanimously. Chris Hoffman was present by phone for the vote.

PUBLIC COMMENT

Geoff Lauer commented that Tom Brown, Chair of the Advisory Council on Brain Injuries, had shared a BI assessment tool with the Commission, as discussed at a previous meeting.

Todd Noack commented that he had had to do a lot of digging to find the regional board meeting in his area and that only one person from the public had attended it. He asked if there was a way to make the information on regional meetings more readily available so that organizations like the Office of Consumer Affairs can share it with others in their communities who may be affected by what is happening. Jack Willey recommended contacting the county board of supervisors and asking to be added to the email list for public meeting announcements. Suzanne Watson said people could also call their local CPC (Central Point of Coordination). Theresa Armstrong indicated that she has a list of regional meetings that can be sent to people on the DHS distribution lists.

Teresa Bomhoff commented that she would like to see a chart showing how the regions are progressing.

MHDS/DHS UPDATE

Rick Shults and Theresa Armstrong updated the Commission on MHDS and Department activities.

Staffing: Theresa said progress is being made toward filling Robyn Wilson's position. Applications have been received, are being reviewed, and interviews will start in the next few weeks. Becky Flores is retiring from DHS as of today. MHDS has a new executive officer position for a mental health coordinator that will be filled soon. The person hired will work on bringing mental health initiatives together and focus on outcomes. CDD (Center for Disabilities and Development) has hired a new person who will work at MHDS; his name is Ben Cleveland. Bob Bacon introduced Ben and said he will be working with DHS on outcomes and performance measures. Ben has a Master's Degree in Health Systems Engineering from Georgia Tech. Ben described the work as taking data and quantifiable information and turning it into usable information for quality improvement, so that policy makers can make better, data-driven decisions.

Core Services Rules: The final Core Services rules will be published in the Iowa Administrative Bulletin this week. They will go to the Administrative Rules Review Committee on Nov. 13 for final approval, and are expected to become effective on Nov. 20.

Equalization Funding: 54 counties were eligible for equalization funding. As of this week, 44 have been paid. Twelve of them were paid prior to July 15. The 44 counties had either paid their outstanding state balances or used some or all of their equalization funds to pay them. The remaining 10 counties have all received payment agreements. Two of them are still working with the Department to reach agreement on the amount of the outstanding balances. Two of the payment agreements have been received back by DHS. The payment plans are specific to each county. The longest they can go is to the end of this fiscal year (June 30, 2014).

Rick noted that the phrase "transactional friction" was coined during redesign discussions. A major source of "friction" was because counties were responsible for a share of state Medicaid costs and determining what they should pay and what the state should pay consumed a lot of waster energy. Now that the state is assuming responsibility for all Medicaid payments, a lot of that will no longer be an issue. There will still be some issues related to non-Medicaid services, but those will be relatively small. Rick said counties deserve a lot of credit for working through this process and taking a big step forward in focusing on more significant issues.

Teresa Bomhoff asked if there were any of the counties that were not eligible for equalization that have unpaid Medicaid bills. Rick said that some of them do have payment plans but the outstanding amounts for all counties are now relatively low.

Children's Services: Theresa said the Children's Services Workgroup was charged with developing a proposal for statewide publicly funded children's disability services. They have reviewed the progress they made during the first two years of meetings. They focused on systems of care, PMICs (Psychiatric Medical Institutions for Children), and out of state placements. TAC (Technical Assistance Collaborative) partners, Kevin Martone and Kelly English, worked with the group and presented three different models used in other states (New Jersey, Massachusetts, and Maryland). The workgroup has

had two meetings this fall. Their last 2 meetings are scheduled for Oct. 29 and Nov. 12 and their report is due Nov. 15.

The group looked at the core services established for the adult system and what it should look like for the children's system. They came up with four domain areas:

1) Prevention, Early Identification, and Early Intervention
   - Including mental health and substance abuse screenings, assessment and evaluations, psychiatric consultation, and home services
2) Behavioral Health Treatment
   - Including assessment and evaluation, medication prescription and management, intensive outpatient services, and evidence based practices
3) Recovery Supports
   - Including BHIS, respite, family peer support, recovery coaches, services to transition age youth, and Integrated Health Homes
4) Community-Based Flexible Supports
   - Defined as services and supports as identified in a plan of care for youth and family including educational supports, which could include those received through an Integrated Health Home (IHH)

They believe there should be a standardized assessment. What it needs to include and what information it needs to make available has not yet been determined. Topics for the next meeting will include eligibility and governance. The meeting minutes are available on the MHDS redesign page at:
http://www.dhs.state.ia.us/Partners/Partners_Providers/MentalHealthRedesign/ChildrensMentalHealth.html

The Children's Services Workgroup final report and recommendations will also be posted there when complete.

Fiscal Viability Study Committee: This legislative committee will meet on October 22 from 9:30 am to 4:15 pm in Room 116 at the Capitol Building. The next meeting will be on December 17. The information on their meetings is available on line through the Legislature's home page. They will be having a couple of stakeholder panels. Rick and representatives from IME (Iowa Medicaid Enterprise) will be there, and counties and regions will be represented. Rick said the first meeting will be to lay the foundation for the work of the second meeting. They will be looking at policy issues relating to the Medicaid offset amounts, the ability of the regions to adequately fund core services and additional services, and how to address funding insufficiencies. They will also be looking at issues relating to RCFs (Residential Care Facilities) and work activity centers.

DHS/County/Regional Meetings: The Department has also had meetings with ISAC (Iowa State Association of Counties) and regional representatives (CPCs) to share information, answer questions, and hear from them what is going on in the regions. Jennifer Vermeer talked about the Iowa Health and Wellness Plan at the first meeting to make sure regions had the information they needed and were reaching out to share it with people around the state who need it.

Regional updates include:

- One region is challenged with choosing a computer system
- Some are looking at job descriptions
- Most are working on or have submitted 28E agreements
- Most are working on management plans
- Some are expressing interest in technical assistance from DHS

Suzanne Watson added that there was discussion about developing a template for regional plans and there are some people are working on that now.

Integrated Health Homes (IHH): Theresa Armstrong said that Magellan has public forums set up in preparation for implementing Phase 2. Phase 1 IHHs are operating in Dubuque, Polk, Warren, Linn, and Woodbury Counties. The Phase 2 forums will be held in Council Bluffs, Clinton, Fort Dodge, Iowa City, Mason City, and Waterloo. They will be provider focused, but others can attend.

State Innovation Model (SIM): The state is moving into the delivery of health care services using an ACO (Accountable Care Organization) model. Public forums will be held in Des Moines on October 28 and West Des Moines on Oct. 29.

Employment: The "Empowering Individuals with Disabilities through Employment" event is happening today in Ankeny. Governor Branstad, Lt. Governor Reynolds, and Senator Tom Harkin are all participating, along with business leaders and other stakeholders. Rick said it is exciting to see people coming together to look at what we can do as a state to improve our employment practices and employment success for Iowans with disabilities.

A break for lunch was taken at 12:10 p.m.

The meeting resumed at 1:10 p.m.

MHDS Commission Update: Jack Willey introduced Vice-chair Susan Seehase and the new members for 2013. The Commission has spent a great deal of time on redesign and the administrative rules related to the changes it is bringing. Jack said it has been wonderful to see the willingness of Commission members to give of their time and talent to help in the development of the rules. He said they know that not everyone will be happy with all the decisions made, but he hopes they appreciate that it was a difficult job and they did the best they could within the authority given to them. He said the Commission's work on the rules has also made the members appreciate the tremendous amount of work that counties and regions have to do over the coming months.

MHPC Council Update: Teresa Bomhoff shared a one-page summary of the Mental Health Planning Council. She noted the three purposes of the Council:

1) To review the Community Mental Health Services Block Grant application and make recommendations to DHS.

2) To serve as an advocate for adults with serious mental illness, children with a serious emotional disturbance and their families, and other individuals with mental illness.
3) To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

Teresa said she enjoys attending Commission meetings and finds it helpful in passing information along to the other Council members. She said the Commission and the Council have been working on the same things in different roles.

The Council has three standing committees: Executive, Nominations, and Monitoring and Oversight. There are also ad hoc workgroups on:

- Veterans issues
- Corrections
- Legislative Priorities
- Block Grant/State Plan
- Bylaws
- Transitional services

Members of the Council have participated on state workgroups, are very interested in expanding peer support in Iowa, and have been vocal about the expansion of Medicaid through the Iowa Health and Wellness Plan. The Council is looking at how to combine mental health and substance abuse issues in a more integrated way and has secured representation on the Council by Kathy Stone, Behavioral Health Division Director from the Iowa Department of Public Health.

Teresa shared a second handout she developed that includes:

- A history of mental health redesign in Iowa
- Draft 2014 Legislative Priorities
- A chart comparing Iowa Medicaid, the Iowa Health and Wellness Plan, and the Iowa Marketplace Choice Plan
- Advocacy contact information

She noted that IME is seeking comments on the dental plan that is proposed and on the definition of medically frail.

Gary Lippe said he thinks people are making the assumption that paying for insurance will be a burden without taking into account the amount of subsidy that that they may be eligible to receive. He noted that adding dental care for children will help a lot of families.

Rick Shults clarified that families or individuals with incomes above 138% FPL would be in the marketplace exchange or other private insurance and would be able to get ordinary mental health benefits such as medication, outpatient, and inpatient treatment. Teresa Bomhoff said she still has concerns about whether, according to the waiver Iowa

submitted, there are limits on any of those kinds of services that would result in something less than true mental health parity.

Patrick Schmitz commented that there is another concern in that an insurance company may say it covers mental health treatment, but if the reimbursement rate offered is too low, providers will not be available because they are losing money by serving people. Insurance companies can also limit access by refusing to credential professional extenders such as Physician Assistants and have a policy that they will only pay for services delivered by psychiatrists or by refusing to credential additional numbers of mental health professionals.

Deb Schildroth said it will become a regional issue as well. If a client chooses a plan that the mental health center will not accept, who will pay for those services? What if a client doesn't enroll on time or doesn't pay their plan premiums? Counties/regions may be picking up some of those costs that are unknowns right now.

MENTAL HEALTH BLOCK GRANT SITE VISIT

Laura Larkin reported on the Community Mental Health Services Block Grant site visit on September 24, 25, and 26. Iowa receives about $3.3 million a year in federal block grant funding for mental health. Every four years, a team from SAMHSA (Substance Abuse and Mental Health Services Administration comes to the state to review plans, meet with staff, the Planning Council and others, and take a closer look at how Iowa uses those federal funds.

The visit includes a financial review of how block grant funds are managed and monitored. In Iowa, the legislature designated 70% of the funds to go to community mental health centers (CMHCs). Five percent is allocated for administrative costs and the other 25% goes to contacts for technical assistance or specific projects or programs. The team looked at how the state works with the Planning Council and how well the Council is meeting its statutory responsibilities. The SAMHSA representatives seemed satisfied that Iowa is creating a recovery-oriented system with recovery imbedded principles and they seemed happy with the redesign process and the role of consumers and advocates. Laura said that the Department has not received any formal feedback yet; it has probably been delayed by the federal government shutdown in October.

Teresa Bomhoff talked about the three priority areas identified in Iowa's Block Grant application:

1. Increase availability and quality of services provided by peer support and family peer support specialists.
    - Integrated Health Homes are increasing the demand for peer support
    - Teresa said she hopes to see a system set up so there is always peer support training available

2. To develop a service system that includes the capability of serving individuals with co-occurring or complex needs.
   - Drs. Minkoff and Cline have been providing multi-occurring and trauma informed care training quarterly, which is paid for from block grant funds
   - They are also providing technical assistance to providers and regions

3. To develop a coordinated system of care for children and youth identified with or at risk of serious emotional disturbance and their families.
   - Efforts are aimed at care coordination that benefits the entire family

Teresa said the Iowa folks had a good conversation with the SAMHSA team and heard some passionate stories from consumers. She said she emphasized that there is a good relationship and good communication with DHS.

Laura explained that MHDS had provided SAMHSA with information before they came so they would have an understanding of what Iowa has been doing and what we are working to accomplish. She said they took a collaborative approach and were complementary on their financial review.

Iowa's Community Mental Health Services Block Grant application for 2014-2015 can be accessed at: http://www.dhs.state.ia.us/uploads/FY14-15MHBG-Plan-Final.pdf
It is a lengthy document and includes an assessment of the entire mental health system in Iowa.

OUTCOMES AND PERFORMANCE MEASURES

Rick Shults presented some information on outcomes and performance measures. In December 2012, DHS submitted the Outcomes and Performance Measures Workgroup report to the legislature. That report laid out a blueprint of what DHS is trying to accomplish and how we intend to proceed. The fundamental approach is a commitment to using outcomes through a quality improvement framework, which means using outcome data to collaboratively improve the quality of the system. It also means not using a regulatory approach based on minimum standards and plans of correction. The concept is to learn what we can use it to improve what we have been doing.

It is built around the idea of a circle of control. There are things you can control; those are the things you should focus on. Outside of that there are things you can influence; some effort should be put into that area. Outside of that are the things you cannot control; there is no point wasting effort on those. How are we doing? What can we do about the things we control and the things we influence to improve how we are doing?

Instead of setting absolute standards, it is more like grading on the curve, which allows you to look at how you are doing in comparison to others.
The workgroup came up with a series of recommendations, including developing a dashboard so people can see what is going on in the system. It would not show

everything, but it would provide information on the critical functions. Outcomes that fall under the key domains would be part of the dashboard. The domains identified are:

- Access to services
- Life in the community
- Quality of life and safety
- Person-centeredness
- Health and wellness
- Family and natural supports

The workgroup began to identify some of the outcomes. Information needs to be gathered directly from the individuals receiving services and their families. There is consensus that as we move forward, we need to:

- Gather information directly from the individuals receiving services and their families
- Convene experts to advise us on appropriate tools
- Develop a budget
- Gather information that is reliable, valid, and inexpensive
- Collect only data that we are going to use
- Follow a series of basic principles:
    - Data should be applicable to individuals who are experiencing different disabilities –and relevant to the people we are asking
    - Data should be gathered across Medicaid and non-Medicaid populations
    - Data gathering should be conflict free

The quickest and cheapest place to start is with the basic outcome measures we believe we can gather from Medicaid and non-Medicaid claims data we already have; for example, the per capita utilization of psychiatric services. The goal would not be to eliminate services, but to see how regions compare and if there are differences, to understand what that tells us. If we measured how many people receive publicly funded services on a per capita basis across the regions and found areas of really high or really low utilization, what questions would that raise?

Claims data would not necessarily tell us if people are employed. Providers would have more information. The next piece would be gathering information directly from individuals and family members. They are the only ones who can answer quality of life questions: Are you satisfied with your job? Is it one you picked? We would want to gather the information in a way that is valid and reliable, but not expensive or burdensome to collect. The federal government wants states to provide client level data, which would be a huge undertaking for all clients, so we would probably look at some kind of sampling.

Rick said we would want to check back with the Outcomes and Performance Measures Workgroup members and ask if what we are doing is consistent with what they recommended to us. Their recommendations dovetailed nicely with the recommendations form the SIM (State Innovation Model) Behavioral Care Workgroup; they are also interested in quality of life questions and gathering that kind of information.

The process has been started, but there are steps that still need to be taken. We want individuals and families to have an opportunity to tell us not just if they got the services, but also if their lives were improved. Did you get in the door? Did you get what you wanted when you got there? Are you any better off for having been there?

It requires two types of expertise: First, what is it you want to know? Individuals need to be an important part of that discussion. Then, how do you go about getting it in a way that you can ensure the information is valid and reliable? That needs to come from the statistical, scientific people.

David Hudson asked if the goal would be to measure success. Rick responded that it would be an attempt to measure quality of life. Dave noted that how many people get jobs is different from how many people keep jobs over time and are meaningfully employed, and asked if those things could be measured and compared from region to region. Rick responded that he views that as an important aspect and that it will require work to figure out how to get to that level of information. Data by itself will not answer the "why" questions, but it will indicate where they should be asked. Rick said we will have to look at all the variables to ask the right questions because they will vary depending on the number of people, services, population, and economic factors.

LEGISLATIVE PRIORITIES DISCUSSION

Teresa Bomhoff shared the draft of legislative priorities she developed for the Mental Health Planning Council with the Commission. Jack Willey noted that the Commission has not worked on priorities for 2014 and said he would like an ad hoc committee of Commission members to look at Teresa's draft and bring some recommendations back to the full Commission at the December meeting. He said that he would like there to be a unified effort, although each of the groups have different roles and at least some variation of perspectives.

Neil Broderick recommended condensing and distilling the issues so that key points can be presented and communicated in a way that is not overwhelming.

Geoff Lauer suggested including:

- Action to reverse the 80% Medicaid savings offset
- A change in Code regarding flexibility in using county funds for non-mandated services beyond core services and for non-mandated service populations
- A supplemental appropriation for addressing the Medicaid HCBS Waiver waiting list
- Expanding services to people with physical disabilities, developmental disabilities, and brain injury

Bob Bacon suggested considering another strategy with reference to the Medicaid offset; since we know that they are county dollars and since the state now pays Medicaid, it could be proposed that the offset dollars go to the Equalization Fund to offset costs for those counties that have lower levy rates.

Jack Willey proposed scheduling a meeting of the Legislative Priorities Committee on November 13 or 14 when several Commission members will be participating in ISAC Fall School in Des Moines. Jack said he would work with Connie Fanselow to set a time and place for the meeting and Connie would send out an invitation for Commission members to volunteer to participate. Commission members also discussed the possibility of making appointments to meet with representatives from the Governor's Office and with legislative caucus staff.

PUBLIC COMMENT

No additional comment was offered.

NEXT MEETING

There is no Commission meeting in November. The next MHDS Commission meeting is scheduled for December 5 at the Pleasant Hill Public Library in Pleasant Hill.

The meeting was adjourned at 2:50 p.m.

Minutes respectfully submitted by Connie B. Fanselow.